

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morbiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **178511** (2)

1. Corporation Name
WAYNE THOMAS INC.



Principal Place of Business: **201 E KENNEDY BLVD STE 1609 P O BOX 3436 TAMPA FL 33602**
Mailing Address: **201 E KENNEDY BLVD STE 1609 P O BOX 3436 TAMPA FL 33602**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/27/1954	3a. Date of Last Report 01/13/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FET Number 59-0714688	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent THOMAS, MICHAEL 201 E KENNEDY BLVD STE 1609 TAMPA FL 33602	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0922 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	AS HUETTEMAN, SUSAN 1850 PROVIDENCE LKS BLVD, #206 BRANDON FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SD THOMAS, ROBERT M 50 RANCH ROAD THONOTOSASSA FL	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS	PD THOMAS, MICHAEL 201 E KENNEDY BLVD #1609 TAMPA, FL 00000	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. CITY-STATE-ZIP	TD THOMAS, STEPHEN 16001 BOYETTE ROAD RIVERVIEW FL	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE		15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP		18. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS		21. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. CITY-STATE-ZIP		22. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied within this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Thomas* Michael Thomas 1/17/96 (813) 229-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)